

## AMENDMENT / RESPONSE TRANSMITTAL

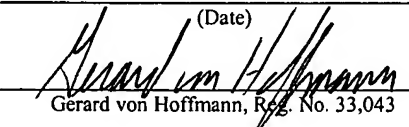
Applicant : Randall Lashinski et al.  
 App. No. : 10/634,653  
 Filed : August 5, 2003  
 For : ADJUSTABLE  
 TRANSLUMINAL  
 ANNULOPLASTY SYSTEM  
 Examiner : Unknown  
 Art Unit : 3731

## CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 17, 2004

(Date)

  
 Gerard von Hoffmann, Reg. No. 33,043

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Preliminary Amendment in 3 pages.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	20 - 20 = 0	1202 (\$18)	0 x 18 =	\$0
Independent Claims	3 - 3 = 0	1201 (\$86)	0 x 86 =	\$0
Multiple Claim		1203 (\$290)		\$0
1 Month Extension		1251 (\$110)		\$0
2 Month Extension		1252 (\$420)		\$0
3 Month Extension		1253 (\$950)		\$0
			<b>TOTAL FEE DUE</b>	<b>\$0</b>

(X) An Information Disclosure Statement.

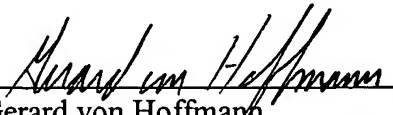
(X) A PTO form 1449 listing one-hundred seventeen (117) references.

(X) Return prepaid postcard.

Docket No.: MITRAL1CP3C2

Customer No.: 20,995

- 
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

  
Gerard von Hoffmann  
Registration No. 33,043  
Attorney of Record  
Customer No. 20,995  
(949) 760-0404

H:\DOCS\AIK\AIK-1785.DOC  
051304